

achieved bony union eventually with good alignment. Oxford Shoulder Scores indicated good shoulder function with a mean score of 41.5.

Conclusion: Our data would support the use of hook plates in the treatment of lateral clavicular fractures.

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Upper-gastrointestinal surgery

0045: BILATERAL THORACOSCOPIC SPLANCHNOTOMY: A SIMPLE TOOL TO ALLEVIATE PAIN IN CHRONIC PANCREATIC DISEASE

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Aim: Chronic intractable pain is a common problem in severe pancreatic disease. Bilateral thoracoscopic splanchnotomy (BTS), a thoracoscopic neurotomy of the splanchnic nerves, is very rarely performed, yet may provide significant pain relief in these patients. We describe our experience of a highly simple and effective technique of BTS, with reference to original intra-operative photographs and anatomical images.

Method: Five patients underwent thoracoscopic splanchnotomy (four bilateral) in our institution over 10 years (mean age: 51 years). All were dependent on opioid analgesia. Our minimally invasive strategy involves prone positioning and two thoracoscopic ports for each hemithorax, permitting easy exposure and simple dissection of the greater and lesser splanchnic nerves.

Result: All four patients undergoing BTS reported marked improvement in pain control, with a reduction in opioid requirements that lasted until death in the two patients with pancreatic cancer, and for approximately 12 months in those with chronic pancreatitis (median follow-up: 18 months). There were no postoperative complications.

Conclusion: BTS is an effective intervention in carefully selected patients with a life expectancy of at least six months. We present a safe, simple and minimally invasive approach, with the potential to reduce opioid dependency and improve quality of life.

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0054: DEFINITIVE TREATMENT OF COMMON BILE DUCT STONES WITH ENDOSCOPIC SPHINCTEROTOMY ALONE IN PATIENTS 70 YEARS AND ABOVE: IS IT JUSTIFIED?

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Context: Prophylactic Cholecystectomy after ERCP and Sphincterotomy (ES) for CBD stones is recommended. However, in the elderly and unfit, cholecystectomy may be avoided. This is significant with a rising elderly population.

Aim: To evaluate the likelihood of developing recurrent biliary complications in those who did not have cholecystectomy after ERCP.

Methods: Retrospective cohort consisted of 80 patients 70 years and over with gall bladder stones and concomitant CBD stones who had an index ERCP. The cohort was followed to find how many had cholecystectomy subsequently and how many did not. The incidence of recurrent biliary complications were compared between the two groups for 2 years.

Result: 80% of patients who did not have cholecystectomy remained asymptomatic. On the other hand, only 66% who had cholecystectomy remained asymptomatic. The major recurrent complications were cholangitis 40%, cholecystitis in 25% and Biliary colic in 20%. The relative risk for developing recurrent complications in the group who did not have cholecystectomy was RR=0.638, 95% CI (0.3093-1.3159), p 0.2237. Although not significant, there were no increase in complications in those who were treated expectantly.

Conclusion: There is no compelling evidence to suggest that it is unsafe to adopt a wait and watch policy.

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0153: SYSTEMATIC REVIEW: THE MANAGEMENT OF ACUTE FOOD BOLUS OBSTRUCTION

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Introduction: Food bolus is a common encounter in A&E departments. Despite this only 8% of surveyed hospitals have guidance on the management of such presentations.

Most of these patients fail a pharmaceutical intervention in A&E before being referred. This prompted us to improve the management of food bolus obstruction and create local guidelines.

Method: Relevant studies (35 papers) were identified and reviewed through a search on OvidSp Medline® and the US National library of Medicine resources in June 2015

Result: There is no evidence that pharmaceutical intervention is more effective than conservative management.

56% of patients reported spontaneous resolution of symptoms within 24 hours of conservative treatment. There is weak evidence regarding the effectiveness of using gas forming agents, and have a 3% risk of a mucosal tears and an increased risk of aspiration. Glucagon has an adverse effect on the transit time through the oesophagus and therefore should be avoided. The misconception of using Hyoscine Butylbromide came from a misquoted paper that its author has subsequently disproved.

Conclusion: Initial (24 hours) management should be conservative, avoidance of pharmacological agents is advised. If fails then mid-distal obstructions should be managed with flexible oesophagoscopy, and higher obstructions managed with rigid oesophagoscopy.

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0193: LAPAROSCOPICALLY ASSISTED PERCUTANEOUS ENDOSCOPIC GASTROSTOMY, A SAFE TECHNIQUE

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Aim: Gastrostomy feeding is considered when enteral tube feeding is required for more than 4 weeks. Percutaneous endoscopic gastrostomy (PEG) and Radiologically inserted gastrostomy (RIG) are well-established, safe, minimally invasive techniques. Commonly performed under sedation and local anaesthesia. PEG and RIG are occasionally not technically possible, often where unfavourable patient anatomy prevents safe direct percutaneous gastric puncture. Laparoscopically assisted PEG tube placement has been practiced in our institution as an alternative to open gastrostomy. We aimed to review our practice.

Method: A retrospective review of patients undergoing Lap-assisted PEG between 1.1.2013 and 21.8.2015.

Result: 9 patients underwent lap-assisted PEG. Mean age 61, range 18-97. Indications included; pharyngeal carcinoma (2), and unsafe swallow due to neurological disease (7); Including Stroke (2), Cerebral Palsy (2), Learning difficulties, (1) Friedrich's ataxia (1) and Schizophrenia with Parkinson's Disease (1). All patients underwent safe PEG insertion with no post-operative complications. Patients with malignant disease underwent gastrostomy via an introducer technique whereas those with neurological disease underwent pull through technique.

Conclusion: Lap-assisted PEG is a safe and reliable technique for establishing enteral tube feeding. Care pathways are needed for patients to access this procedure when conventional PEG or RIG insertion are not possible.

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0251: IS PERIAMPULLARY DIVERTICULUM ASSOCIATED WITH FAILED CBD CANNULATION AND PRE-ERCP LIVER BIOCHEMISTRY?